

APPLICATION FOR NOMINATION TO A U.S. SERVICE ACADEMY

Full
Name _____
(Last) (First) (Middle) (Nickname)

Date of Graduation _____ Social Security Number _____

Sex _____ Birth Date _____ Height _____ Weight _____

Permanent Address: _____

City, State, Zip and County: _____

Home Phone: _____

Email: _____

Day Time Phone Number: _____

(We must be able to get in touch with you between 8:00 am and 5:00 pm)

Temporary Address: _____

Temporary Phone: _____

Father's Name and Address: _____

Father's Business Phone: _____

Mother's Name and Address: _____

Business Phone: _____

Please check the academies from which you have requested a pre-candidate questionnaire:

U.S. MILITARY ACADEMY _____

U.S. NAVAL ACADEMY _____

U.S. AIR FORCE ACADEMY _____

U.S. MERCHANT MARINE ACADEMY _____

Please check the academy from which you are working with on athletic placement and include the contact name and sport:

U.S. MILITARY ACADEMY _____

U.S. NAVAL ACADEMY _____

U.S. AIR FORCE ACADEMY _____

U.S. MERCHANT MARINE ACADEMY _____

Below please list the four academies according to your preference, only listing the academies you are considering:

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

***MAKE SURE YOU HAVE SELECTED YOUR CHOICES CAREFULLY. IF YOU CHANGE YOUR PREFERENCES, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.**

OTHER NOMINATIONS:

If you are seeking a nomination through another source such as your Senator, please list:

PLEASE TYPE OR PRINT CLEARLY

Date: _____

Congressman Zach Wamp
Federal Building Suite 100
200 Administration Road
Oak Ridge, TN 37830

Full Name : _____

Address: _____

City, State, Zip _____

Email: _____

Telephone (H) _____ (day) _____

Age: _____ Birth date: _____ SS# _____

ACADEMY CHOICE: _____, _____, _____

I authorize Congressman Zach Wamp or any member of his staff to obtain any information about my status with the service academies. This includes inquiring with Department of Defense Medical Examination Review Board about any medical conditions that may prevent my receiving a nomination or appointment to one of the Service Academies.

SIGNATURE: _____